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CONFIRMATION NO. 1768

<b>SERIAL NUMBER</b> 10/621,839	<b>FILING OR 371(c) DATE</b> 07/16/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3739	<b>ATTORNEY DOCKET NO.</b> A-1-9
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/539,147 03/30/2000 PAT 6,749,604  
 which is a DIV of 09/258,516 02/26/1999 ABN  
 which is a DIV of 08/761,096 12/05/1996 PAT 6,312,408  
 which is a DIV of 08/446,767 06/02/1995 PAT 5,697,909  
 which is a CIP of 08/059,681 05/10/1993 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

09/04/2003

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 24	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

021394

**TITLE**

ELECTROSURGICAL METHOD USING Laterally Arranged Active Electrode

<b>FILING FEE RECEIVED</b> 1140	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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